



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

from the frontal regions and traversing the entire extent of the internal capsule lie in the anterior third of the knee. In the second case also, the degeneration involved the first third of the posterior limb and there was no degeneration in the pyramidal tract, while in the third case the lesion was in the middle of the posterior limb and the pyramidal tract had degenerated. The last two cases favor Flechsig's view that the pyramidal fibers are never located in the anterior third of the posterior limb of the internal capsule, as against Charcot, who teaches that they extend into this region. In the third case, the lesion, which was on the left side and it will be recollected was accompanied by pyramidal degeneration, had but a *transient* paralysis on the right side as its consequence. This very remarkable fact the author seeks to explain by reference to the results of Goltz on dogs, and in his explanation speaks of fibers for both halves of the body arising from each hemisphere, but both acting only under exceptional conditions.

(Recent work gives ground for expressing this idea in a somewhat different way. The spinal centers in the dog and other lower forms retain the power to act bilaterally, whether the impulse comes from one hemisphere or the other. In man and the apes, this bilateral character is as a rule lost, each half of the spinal center responding to its own hemisphere alone. A case like this would then be an example of the retention of a primitive condition by one of the higher forms.—D.)

Contributo alla fisio-patologia del cerevetto. A. BORGHERINI. (Revista sperimentale di Freniatria e di Medicina legale, XIV, 81.) Abstracted by Paneth, Centralbl. f. Physiologie, Feb. 1889, No. 22.

The author has spooned out the cerebellum, either in part or completely, from dogs, and afterwards observed them, sometimes for months. In both total and partial removal the symptoms were similar, but more severe and persistent in the former case, as might be expected. Following total removal there was at first great difficulty, which might amount to inability to move, that depended on a spastic condition of the muscles. With recovery from this extreme condition, the motions of the animal still remained slow, uncertain and simple. Sensibility was as a rule unaffected. In cases of partial removal, uncertainty and trembling were the prominent symptoms, which often completely disappeared in a week or two. The muscles of the eyes and of mastication did not appear ever to be affected. To meet the objection that the persistent ataxia in the two cases of total removal was dependent on the secondary degenerations that were found, the author reports the case of a dog becoming spontaneously ill, exhibiting symptoms similar to those in the above two cases, and showing at the autopsy a degeneration of only the gray matter of the cerebellum.

Ein Fall von hochgradiger Zerstörung des Kleinhirnwurms, nebst casuistischen Beiträgen zur Lehre von der sogenannten cerebellaren Ataxie. E. BECKER. Virchow's Archiv, CXIV, H. 1, S. 173.

In this case there was during life no disturbance either of motion, sensation or intelligence. The autopsy revealed two old apoplectic cysts, one in the left cerebellar hemisphere, and the other involving all the vermis except the lingula, lobus centralis, uvula and nodulus.

Nothnagel has indicated cerebellar ataxia as an almost unfailing symptom of extensive disease of the vermis, but Becker succeeded in finding in the literature some seven cases similar to his own. He concludes, therefore, that cerebellar ataxia is associated with the lesion of some special tract in this region, and points out that Edinger has described the cerebellar-olivary tract, from the superior olive, crossed corpus restiforme, capsular fibers (Vliess), superior peduncle, to the red nucleus, as probably specially connected with the equilibrium function. This tract Becker specially studied in his case and found it free from secondary degeneration, and therefore concludes that the case favors Edinger's hypothesis.

Ueber den Klangstab, nebst Bemerkungen über den Acusticusursprung.
JUL. NUSSBAUM. Medicin. Jahrbücher, 1888, S. 187.

On examining the striae medullares, which are considered to form a central tract for the accessory auditory nucleus, it is found that only the most cephalically placed bundles decussate immediately beneath the floor of the ventricle. The same is true for the major portion of fibers which appears to have the same origin, but which, after crossing, takes a direction more cephalic along the floor of the ventricle and disappears at its antero-lateral edge, often in the region of the locus coeruleus. This bundle is frequently present, though inconstant and variable, and forms the conductor sonorus (*Klangstab*) of Bergmann. In the conductor there is a central core of cells completely surrounded by fibers. For this structure no function has as yet been assigned. Nussbaum further describes a bundle which follows the striae medullares in its later course, but within the medulla is at first associated with the ascending root of the acusticus.

(When a structure like the "conductor" is described as inconstant, the term must be taken as a rule to apply only to its macroscopic appearance, for the same structure sunk somewhat below the floor of the ventricle would not be discoverable on superficial examination.—D.)

Herderkrankung des unteren Scheitelläppchens. C. WERNICKE. Archiv f. Psychiatrie, XX, 1, S. 243.

A man of 70 years suffered a slight cerebral attack without external injury. The head tended to the right, and there was slight sensory and motor paralysis in the left side of the body, the facialis included. The most striking symptom was, however, the conjugate deviation of the eyes to the right, with inability to turn them to the left. This disappeared in a few days. A second attack was followed by almost complete paralysis of the left arm and leg—transient but considerable disturbance of speech, the paralysis of the left facialis remaining insignificant; three days later divergent strabismus of the right eye. A few days after the second attack the patient died. Wernicke had diagnosed a lesion in the inferior portion of the parietal lobe, and a second in the region of the internal capsule. This second lesion was necessary to explain the complete hemiplegia consequent on the second attack. His localization of the first lesion was based on a case of Grasset's (Montpellier Med., June, 1879), and the experiments of Ferrier and Munk, in which conjugate deviation of the eyes was found associated with the angular gyrus. A softening in this locality would also account for the other sensory